STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	045134	A. Building B. Wing	11/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Springs Jonesboro	1705 Latourette Drive Jonesboro, AR 72404

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. Based on record review, interview, and facility policy review, the facility failed to ensure that one (Resident #2) of one resident reviewed received supervision to prevent avoidable accidents or elopement. The findings include: Review of an admission Record revealed the facility admitted Resident #2 on 06/28/2024. Review of Resident #2's Medical Diagnosis report revealed the resident had diagnoses which included a progressive brain disease that affects the frontal and temporal lobes leading to changes in behavior, personality and language abilities, paranoid schizophrenia, dementia psychosis, depression, convulsions, and nicotine dependence. Review of a quarterly Minimum Data Set with an Assessment Reference Date of 08/27/2025, revealed Resident #2 had a Brief Interview for Mental Status score of 14, which indicated the resident had no cognitive impairment. Review of a Care Plan revealed interventions for facility staff to educate Resident #2 to let staff know when they would like to sit outside and take walks in the courtyard area. The Care Plan also revealed Resident #2 had fair to poor safety awareness, required supervision, and was an elopement risk due to cognitive deficit. Review of a facility In-service Education Report, completed on 05/22/2025, indicated rounds must be completed on every resident every two hours. During an interview on 09/29/2025 at 11:51 AM, Resident #2 revealed knowing the code to the door that went outside to the smoking area. Resident #2 reported going to a grocery store approximately 2.5 miles from the facility and back. Resident #2 then reported while walking back someone had picked them up at the gas station and brought them back to the facility. Resident #2 also reported that a key was stored in a box on the fence and was used to unlock the gate to get off the facility property and that it was still dark outside when they left the facility. (continued on next page)

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview with CNA #1 and CNA #2 on 09/30/2025 at 3:27 PM, Certified Nursing Assistant (CNA) #1 reported that rounds were made on residents once the CNAs came into work, at breakfast, and every two hours while on shift. CNA #2 revealed that it was not unusual for Resident #2 not to be in their room due to either being outside, or in another resident's room. CNA #2 then stated that at 7:30 AM on 09/24/2025, Resident #2's breakfast tray was put down on the bedside table in their room due to Resident #2 not being in the room. CNA #1 reported that staff was told by the CNA supervisor at approximately 8:20 AM that Resident #2 was not in the building, outside or on property. CNA #1 revealed that staff did not know Resident #2 was not in the building or on the property. CNA #2 reported the last time Resident #2 was seen had been around 5:00 AM, in the resident's room. During an interview on 09/30/2025 at 4:10 PM, Receptionist #3 stated Resident #2 was spotted between 8:20 AM to 8:30 AM down the road from the facility at a gas station parking lot approximately 1000 yards away. Receptionist #3 revealed Resident #2 had on a shirt that was recognized as one that was worn frequently. Receptionist #3 revealed she had rolled the car window down and called Resident #2's name. Resident #2 got into Receptionist #3's car, the administrator was called and informed Resident #2 had been found away from the facility property and was being brought back to the facility. During review of Facility Routine Resident Checks policy revised July 2013 revealed that nursing staff make routine resident check to ensure the safety and well-being of residents. Routine resident checks involve entering the resident's room and/or identifying the resident.